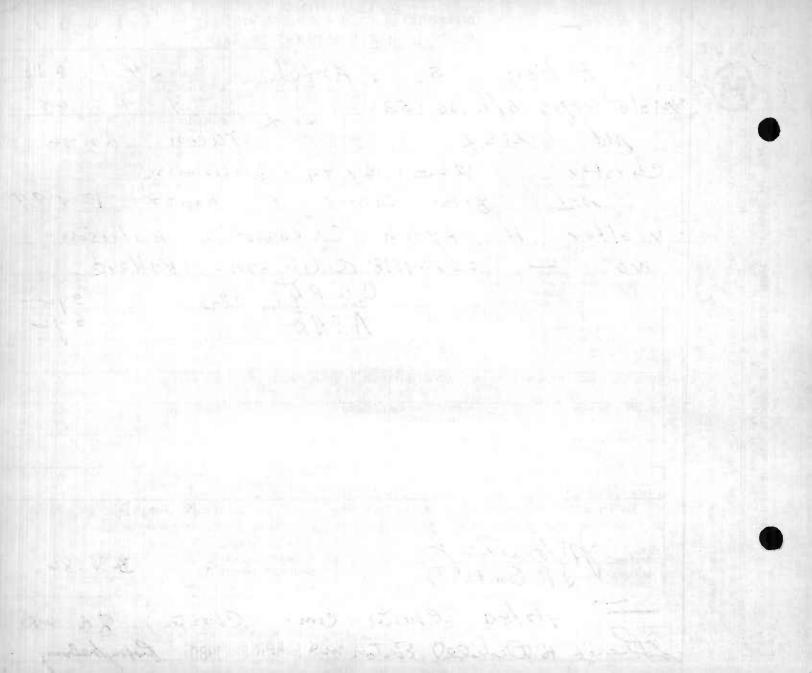
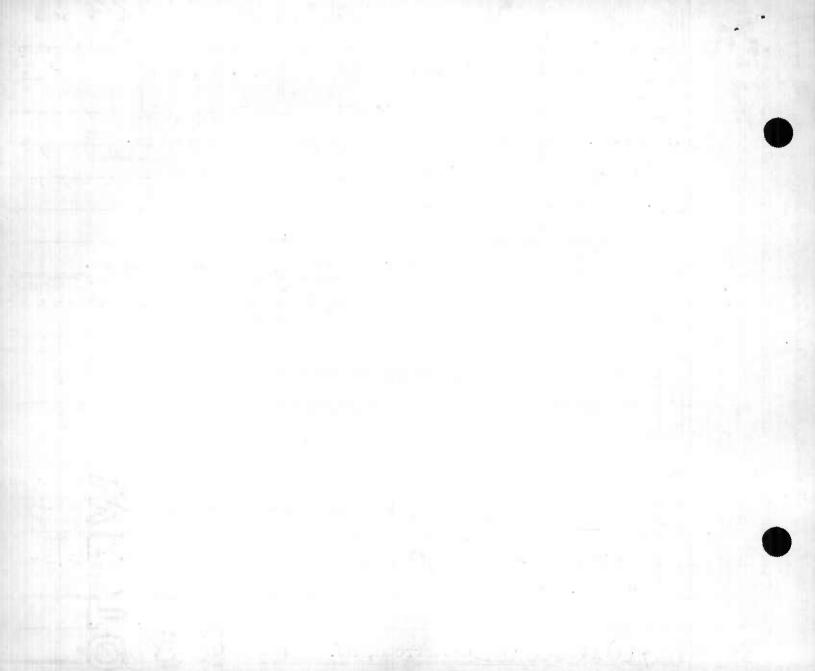
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Month (Type or Print) ESTI-S 1090 DEATH MATED 6. AGE (In years 4. RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD MONTHS 5.3 YRS MARRIED NEVER MARRIED 9. COUNTY OF DEATH (ountry) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Ky Were Alm 13a. USUAL RESIDENCE (Where deceased lived it institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 136. COUNTY odmission) STATE Medical Examiner 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First executed pending " pages 215.20.4348 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ per n DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION cremation, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) burial, PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry \ and in my apinian Natural causes & Accident death resulted fram:_ Suicide [Hamicide Undetermined manner be retaine DIRECTOR: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER (X) **EXAMINER'S** e 5 may ADDRESS(Street, city, tawn, or county) NAME (Type) 23a. BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DHMH-17 1/71 1DM (VR A15ME (5))

STATE OF MARYLAND

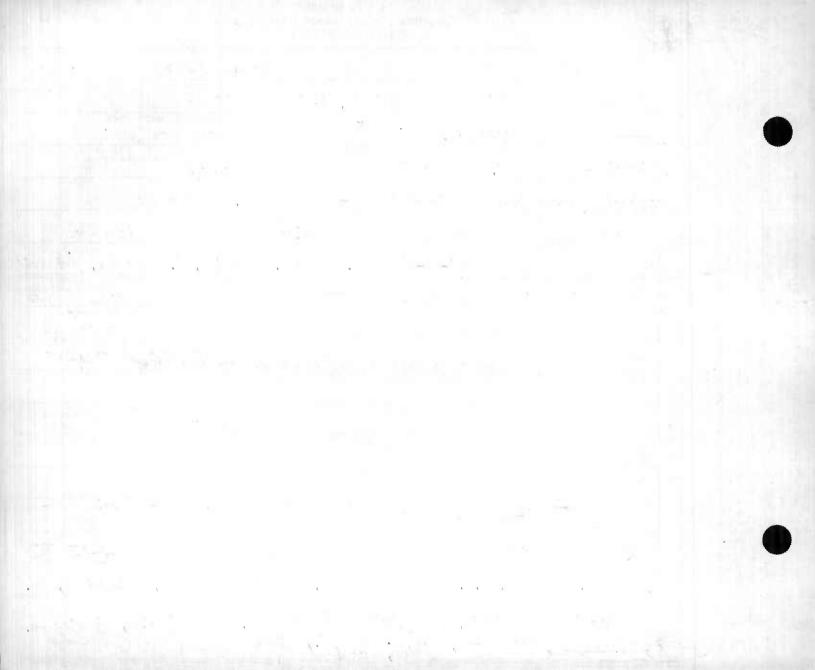


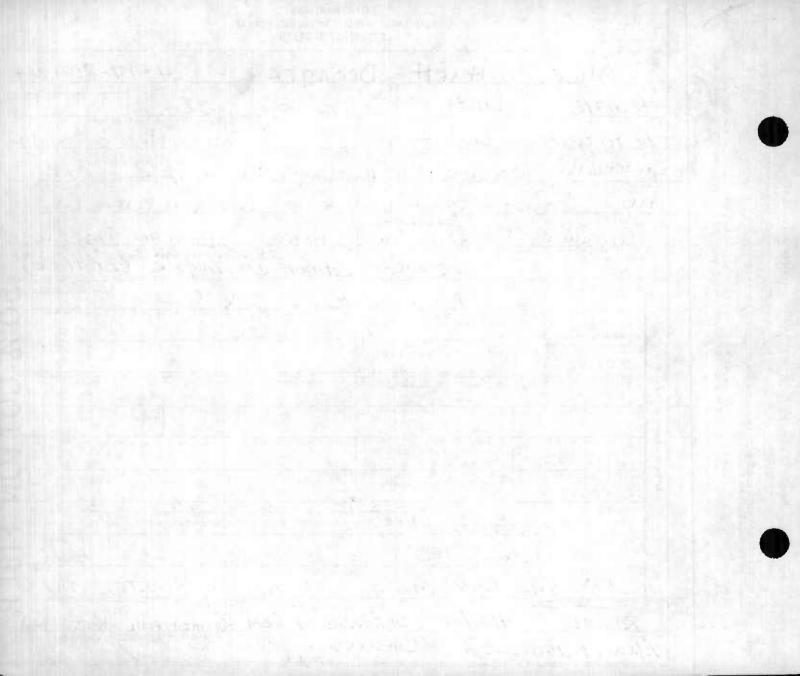


(VR A 15 (4))

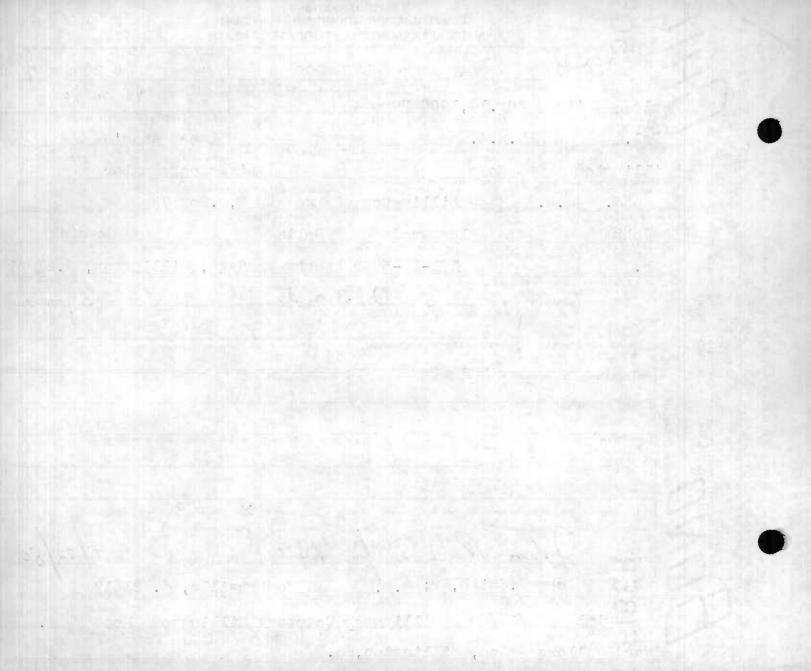
STATE OF MARYLAND

185 . Y851, QS Jou . 6.8.0 .com anno assi Grasowills At his home in Grasowills Fireman Md. F.A. Co. Grasonville x none C. From Pearl ter Florence Parks Maryland SIA-22-513 Perri Common Brown, unaconville off bonders denously M.D. Granonville Medical Center, Granonville Auticl (4-29-30 | bteveneville Comptery Stevensville, C. . . US. Helicobeth-Habbard Sumeral dome, Casetur, Md.





STATE OF MARYLAND



Dr Carner	١.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE U 1 1 0 7 3			
X	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
4	I. DE	CEASED NAME FIRST	WIDOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be		Naomi	Ruth	NewNAM	41	7 80 12:30 PM
(A)	3 SEX		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
age 4		7EMAIE	White	6 17 1898	8/ YRS	
4 02 211		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	~ 1
deor deor	C1	ayton, Del.	U. SA	WIDOWED DIVORCED		Ves County MD.
ofter d with	~	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	
1201 nurs off		NTELLI ILE		115 Nursing Cent	ek Housewife	Home
AND 21			R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO		13e STREET ADDRESS	nn-1n
LAN In 2 In full shou		THER'S NAME	nt mass	YES NO I	massey	171d. 21650
MARY mplete ond 2	17.16		MIDDLE LAST	FIRST	MIOOLE	- CCIAST
5 5 5	16n V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		phia Sch	313375
MORE cond of Poges		ES, NO OR UNKNOWN) (IF YES, GIVE	EWAR OR DATES) 218-40	1000	rt Newnam	massey,
ALTIV re be ers. f					1000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., he deoth certific emove carbon p imotion, or remo			nly ane cause perfine or (a , (b , c ED BY: TE CAUSE (a)	mon a ??	and down	200 A LA S
		1719 IMMEDIA	E CAOSE 107			
		Canditions, if any, which	DUE TO, OR AS A CONSEO	? scholate of S.	indo joura	Tycars
		gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEO	HENCE OF		
1 W. Shot the trose r		underlying couse last	(c)	021102 01		
uires the		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ther this certificate hos been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or trem 18 shows any injury	CERTIFICATION	1 705 x	essive Xet	removed as	sta 2 ambri	tatons
Secondary Secondary	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
TAL I	RTIF	6/19/79	216. TIME OF INJURY	2 Synon own	YES NO YI	ES NO
V OF VITA V OF VITA SICIAN: Ti ng physici certificosi riol-tronsis entol Hygi		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA			RED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
ON OF TYSICIA ding ph buriol-th Mentol or Item 1	WEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f LOCATION		
r this the bud was a dor	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
DIV TENDING or or or or or use os or use os si Heolth			(tal) attended the deceased from			. 19, that (I) (we) lost
		saw the decepted have on	19		death accurred on the date and ha	
OR ATT e hosp ched f Ched f Ifem i		27h SIGNATUR	it view the body after death.	EGREE		22c. DATE SIGNED
0 0 0 0 0		Matolano	Mender M.D.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/10/10
SPIT, VER, VER, VER, VER, VER, VER, VER, VER		22d. PHYSICIAN'S NAME (TYPE O	PRINT)	22e-ADDRESS	601	
TO HOSPITAL 1 retoined by the TO FUNERAL 1 should be dero with the Store		WAITER D.	PRVER, M	.D. Tusterly	ourse Ille of	-1620
전 등 전 등 및 <u>중</u>	23a. B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	(Burial	4/19/80 00	dd Fellows Cem.	Smyrnna May	et / aDel
DHMH - 16 50M 1/76	24 FL	INERAL DIRECTOR	ADDRESS	21651 15AP	REE DON PORTRAR	TRANS STEREST MENTY
(VR A 15 (4))	Ed	ward Fellows	& Son, Mill:	ington, Md.		

Nacm with new All 47 80 11 40 grand de la company de la comp Det British has been to the first of the comments of 1921 - The state of the state o Consider the second of the best of the MIDDLE

FOR - STATE

DHMH-16 20M

(VRA 15, 4) 7/78

REGISTRAR

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home 13. STREET ADDRESS Pinewood Village Gordon Court McCullough ADDRESS 1730 Holmes Road Mrs. Nancy J. Cornman, Maple Glen, Pa. 19002 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN COUNTY STATE Burial Apr. 21.1980 JeffersonMemorialPark Pleasant Hills Allegheny, Pa. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Barton Bros. 21617 James H. Barton, Jr., Centreville, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

HOURS

IF UNDER 24 HRS

1980

IF UNDER I YEAR

MONTHS DAYS